

Appendix A  
(Initial & Renewal Application)



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Special Education  
 Old Capitol Building  
 PO BOX 47200  
 Olympia WA 98504-7200  
 (360) 725-6075 TTY (360) 586-0126

## NON-PUBLIC AGENCY APPLICATION For Programs Serving Students Eligible for Special Education

- Initial Application       Renewal Application  
**Renewal applications are due by May 1 to OSPI**

Information from this form is posted on the OSPI website ([www.k12.wa.us/specialed](http://www.k12.wa.us/specialed)).

### GENERAL INFORMATION

NPA APPLICANT NAME		CHIEF ADMINISTRATOR	
CONTACT PERSON		ADMIN ADDRESS	
TELEPHONE NUMBER	FAX NUMBER	TITLE/ROLE	EMAIL ADDRESS
SITE ADDRESS – IF DIFFERENT		TELEPHONE NUMBER	FAX NUMBER
CONTACT E-MAIL ADDRESS		PARENT ORGANIZATION – IF ANY	

- Licensed by: \_\_\_\_\_ Department of Social and Health Services  
 (attach copy \_\_\_\_\_ Department of Health  
 of current license)
- Approved as private school by State Board of Education  
 Other approval or license (attach copy of current license/approval)

**Note:** Office of Superintendent of Public Instruction approval of an NPA does not guarantee that the NPA will receive contracts for service from a local school district.

Check all that apply:

- Day school  
 Developmental center  
 Hospital  
 Preschool/child care  
 Residential  
 Vocational training center  
 Other \_\_\_\_\_

### AREAS OF DISABILITIES SERVED

Check all areas of disabilities served that apply:

- |                                                            |                                                       |                                                      |
|------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Autism                            | <input type="checkbox"/> Health impaired              | <input type="checkbox"/> Traumatic brain injury      |
| <input type="checkbox"/> Communication disorder            | <input type="checkbox"/> Hearing impairment           | <input type="checkbox"/> Visually impaired/blindness |
| <input type="checkbox"/> Deaf/blindness                    | <input type="checkbox"/> Mental retardation           |                                                      |
| <input type="checkbox"/> Deafness                          | <input type="checkbox"/> Multiple disabilities        |                                                      |
| <input type="checkbox"/> Developmentally delayed           | <input type="checkbox"/> Orthopedically impaired      |                                                      |
| <input type="checkbox"/> Emotionally/behaviorally disabled | <input type="checkbox"/> Specific learning disability |                                                      |

**AGENCY PROGRAM SERVICES**

Check all that apply:

- |                                                         |                                                         |                                                           |
|---------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Art therapy                    | <input type="checkbox"/> Mental health services         | <input type="checkbox"/> Student counseling               |
| <input type="checkbox"/> Audiology                      | <input type="checkbox"/> Mentoring                      | <input type="checkbox"/> Social work                      |
| <input type="checkbox"/> Adaptive physical education    | <input type="checkbox"/> Music therapy                  | <input type="checkbox"/> Speech/language therapy          |
| <input type="checkbox"/> Assistive/adaptive technology  | <input type="checkbox"/> Orientation and mobility       | <input type="checkbox"/> Therapeutic foster care          |
| <input type="checkbox"/> Behavioral management          | <input type="checkbox"/> Occupational therapy           | <input type="checkbox"/> Therapeutic recreation           |
| <input type="checkbox"/> Bilingual/ESL services         | <input type="checkbox"/> Parent counseling and training | <input type="checkbox"/> Transportation                   |
| <input type="checkbox"/> Child care                     | <input type="checkbox"/> Physical therapy               | <input type="checkbox"/> Vision services                  |
| <input type="checkbox"/> Hard of hearing/deaf education | <input type="checkbox"/> Psychological services         | <input type="checkbox"/> Vocational/assessment            |
| <input type="checkbox"/> Leisure education              | <input type="checkbox"/> Respite care                   | <input type="checkbox"/> Vocational/career training       |
| <input type="checkbox"/> Medical/health services        | <input type="checkbox"/> Self help/life skills          | <input type="checkbox"/> Vocational/transitional services |
|                                                         |                                                         | <input type="checkbox"/> Other _____                      |

**OTHER PROGRAM/SERVICE CHARACTERISTICS**

Describe other program/service characteristics not covered above.

**FOR RENEWALS ONLY**

Ages:

\*\*Number of Washington State children/youth currently enrolled in the agency by age.

*Please do not report on children birth – age 2.	3-5	6-12	13-17	18-21
Washington Students**				
<b>Total students served</b>				

**DO NOT ALTER FORM IN ANY WAY**

List **ALL Washington** school districts whose students you currently provide special education services.

**RECOMMENDATION**

I have reviewed the application, completed a site visit, certified the accuracy of the information, and recommend

\_\_\_\_\_ (School/Agency name)

- Meets the requirement for NPA approval.  
 Does not meet the requirement for NPA approval (complete comment section below).

_____	_____	
SCHOOL DISTRICT NAME	TYPE/PRINT NAME	
_____	_____	_____
TITLE/ROLE	DISTRICT REP SIGNATURE	DATE
_____	_____	
OSPI SPECIAL EDUCATION DESIGNEE	DATE	

School District Comments:

## ASSURANCES

1. The NPA applicant assures that it has financial safeguards in place to track revenues and expenditures associated with contracted placements to ensure that they are used for the students for whom they are contracted. The applicant further assures that it will obtain a financial audit from an independent accredited accountant **within one year of approval** as an NPA, and will provide a copy of the audit to any contracting school districts. The audit will address the agency's allocation methods in order to show that revenues provided by districts are being used to benefit the students for whom they are contracted. The NPA assures that it will obtain an independent audit at least every three years thereafter. The Office of Superintendent of Public Instruction (OSPI) reserves the right to request an audit at anytime should the need arise during the agency's tenure as an NPA.
2. The agency is free from sectarian control or influence. No public funds shall be used to benefit any church or religious school or to support any religious instruction, religious worship or religious practice. (Article 9, Section 4 Washington State Constitution)
3. Services are provided in facilities that meet Americans with Disabilities Act (ADA) standards for public access and have successfully passed a current and official local health, safety and fire inspection (forms attached). All facilities and sites are safe and secure for students and conducive to learning.
4. The NPA will coordinate with the contracting school district(s) to initiate and convene IEP team meetings. Changes to IEPs must follow procedures for IEP revisions or amendments and in accordance with its contract(s) with school districts and with WAC 392-172A-04085.
5. The NPA will coordinate with the contracting school district for any needed re-evaluations in accordance with re-evaluation procedures (WAC 392-172A-03010 through 03080), with its contract(s) with school districts, and WAC 392-172A-04085.
6. The NPA will employ or contract with certificated staff including special education and/or related services staff and non-certificated staff that meet personnel standards described in WAC 392-172A-02090.
7. Each certificated and non-certificated employee and volunteer, prior to initiation of service, shall have completed and cleared a State Patrol and FBI fingerprint check prior to unsupervised contact with students and pursuant to applicable statutes.
8. The NPA applicant shall maintain written policies and procedures regarding service provision and hiring practices in accordance with applicable federal and state requirements, e.g., nondiscrimination, procedural safeguard notification, convening of IEP meetings, need for IEP changes, need for coordination of student re-evaluations.
9. The confidentiality of student education records shall be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). (34 CFR, Part 99 and WAC 392-172A-05225)
10. The NPA shall notify the contracting school district(s) and OSPI of any written complaint(s) related to service delivery regarding the student for whom they have contracted services.
11. The NPA will notify the contracting school district and OSPI of any changes that would affect the NPA's ability to continue to provide services to students eligible for special education.
12. NPA policies and procedures are accessible to parents/guardians of children who receive services from the approved NPA.
13. The NPA will provide the contracted school district(s) with all educational records maintained by the NPA on behalf of a contracted student.

**ASSURANCES (cont.)**

I do hereby certify that I am the principal or chief administrator of the named NPA applicant and that said applicant is located at the address given.

Furthermore, I certify that I have read and understand each statement above, and assure that this program will be conducted in a manner that conforms to the assurances, to the requirements under IDEA and to the contract with the district(s).

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

## SPECIAL EDUCATION PERSONNEL RECORD

List all certificated personnel who provide Specially Designed Instruction and related services. Special education, defined in WAC 392-172A-01175, must be designed and supervised by qualified special education and related services personnel pursuant to WAC 392-172A-02090.

### CERTIFIED SPECIAL EDUCATION PERSONNEL

FULL LEGAL NAME	DOB	Washington State Certificate Number*	Date Issued	Expiration	Type of Certificate**	Area/Endorsement of Certificate***

List all other personnel who currently hold a license, certificate, endorsement or registration and please attach a copy of the document.

### OTHER ACCREDITED PERSONNEL - ATTACH SUPPORTING DOCUMENTS FOR EACH

FULL LEGAL NAME	DOB	Area (i.e. Mental Health, Physical Therapy)	Credential Number	Expiration

\* If from another state; provide certificate number, name of state, AND ATTACH SUPPORTING DOCUMENTS FOR EACH CREDENTIAL NUMBER LISTED.

\*\*Initial, temporary, emergency, and continuing.

\*\*\*Preschool, elementary, secondary, educational staff associate, early childhood special education, and special education.

## FIRE INSPECTION

1. This form is provided for your convenience and the convenience of the appropriate fire authorities. It may be used to verify that the non-public agency applicant's facility meets minimum fire and life safety standards.\* If deficiencies were noted during the inspection, a signed copy of the deficiency correction notice must also be attached.
  
2. If the non-public agency applicant currently is approved as a private school by the SBE or is licensed by the Department of Health or Department of Social and Health Services (e.g., child care center, residential treatment facility, hospital, etc.) and such approval/license requires compliance with fire and life safety codes, then a copy of such approval/license will be submitted with the application.

NON-PUBLIC AGENCY APPLICANT NAME	CHIEF ADMINISTRATOR
LOCATION/SITE ADDRESS	MAILING ADDRESS
TELEPHONE NUMBER	FAX NUMBER

### INSPECTOR VERIFICATION

**If the non-public agency applicant has multiple sites, each site must be inspected.**

The below named facility is in compliance with and meets the minimum fire and life safety standards adopted by the state of Washington as outlined in RCW 19.27.

SIGNATURE	DATE	TITLE
TYPED/PRINTED NAME	FIRE DISTRICT	NEXT INSPECTION DUE

\* If your agency service location is in an area of Washington that does not have access to local fire authority personnel, you may contact the Washington State Fire Marshall's Office to arrange for a facility fire inspection at (360) 753-0400.

## HEALTH/SAFETY INSPECTION

This form is provided for your convenience and the convenience of the local health department staff. The form may be used to verify that the non-public agency applicant facility meets reasonable standards of local health and safety ordinances. A letter or form from the appropriate health department official indicating compliance with health regulations may be submitted instead of this form. If deficiencies were noted during the inspection, then a signed copy of the deficiency correction must also be attached.

If your non-public agency applicant currently is approved as a private school by the SBE or is licensed by the Department of Health or Department of Social and Health Services (e.g., child care center, group care facility, hospital, etc.) and such approval/license requires compliance to health and safety codes, then a copy of such approval/license may be submitted with the application in lieu of this health inspection form.

NON-PUBLIC AGENCY APPLICANT NAME	CHIEF ADMINISTRATOR	
LOCATION/SITE ADDRESS	MAILING ADDRESS	
<b>If the non-public agency applicant has multiple sites, <u>each</u> site where a contracted special education student will receive service shall be properly inspected.</b>	TELEPHONE NUMBER	FAX NUMBER

**If the non-public agency applicant has multiple sites, each site where services will be delivered to the student (or students) via the contract with the school district shall be inspected.**

### INSPECTOR VERIFICATION

On the basis of applicable health regulations, I certify that the facility identified above has been inspected by the local health and safety authority. The facility has been found to meet the minimum health and safety requirements as set forth by the state. (WAC 246-215)

SIGNATURE	DATE	TITLE	
TYPED/PRINTED NAME	HEALTH DISTRICT	NEXT INSPECTION DUE	

To locate local health department personnel to provide an inspection call the State Department of Health at (360)-236-3385.

**ON-SITE VISIT CHECKLIST  
(ALL CHECKLIST ITEMS MUST BE VISUALLY VERIFIED)**

Non-Public Agency Applicant: \_\_\_\_\_

Site Name (if multiple sites): \_\_\_\_\_

Sponsoring School District: \_\_\_\_\_ Date of Site Visit: \_\_\_\_\_

Site Visit Conducted by: (print name) \_\_\_\_\_ (signature) \_\_\_\_\_

I. NPA applicant is in good fiscal standing.

INDICATOR	VERIFIED BY DISTRICT	<b><u>IF UNABLE TO VERIFY</u>, must give reasons. Additional comments should also be included to assist in determination for approval/disapproval.</b>
<p><u>Required for Initial Application</u></p> <p>A. Evidence that the applicant has fiscal controls and practices in place to ensure that funds will be used for the specified purposes.</p> <p><u>Required for 3 Year Renewal:</u></p> <p>A. Evidence of external independent audit completed within last three years which meets generally accepted accounting practices. <u>If there are audit findings</u>, documentation of satisfactory resolution of audit findings is on file.</p> <p>B. Evidence that contract funds support specific student placement(s).</p> <p>C. The NPA has current contract(s) with school district(s) for students placed in the NPA.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

II. NPA applicant's physical facility is safe and healthy for children/youth.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u>		
A. Documentation of a successful fire inspection.  <u>If no</u> , a plan is in place to remedy findings with timelines.	Yes <input type="checkbox"/> No <input type="checkbox"/>  (Attach plan/timeline for addressing findings if no.)	
B. Documentation of a successful health and safety inspection.  <u>If no</u> , a plan is in place to remedy findings with timelines.	Yes <input type="checkbox"/> No <input type="checkbox"/>  (Attach plan/timeline for addressing findings.)	

III. NPA applicant is free of religious influence and practices.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u>		
No evidence or reflection of religious control or influence in purpose, governance or daily operations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

IV. NPA applicant safeguards confidentiality of students receiving special education services.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u>		
A. Evidence of written policies pertaining to student records.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Student records stored in secure cabinets.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

C. Any duplicate files are stored securely to maintain confidentiality.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Security measures in place for computerized files.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

V. NPA applicant has written program policies and procedures in place.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u> A. Evidence of current written policies and procedures regarding special education and related services. <b>OR</b> Evidence of adoption of LEA policy and procedures.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

VI. NPA applicant employs qualified staff.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<p><u>Required for initial Applications and 3 year renewals</u></p> <p>A. Evidence of current Washington State certificates/endorsements and credentials as appropriate to staff assignment.</p> <p><b>OR</b></p> <p>Evidence of an appropriately credentialed individual supervising non-certified/non-endorsed staff.</p> <p><u>Out of State:</u> Evidence of current state credentials, as appropriate to staff assignments. Please attach copies of certificates.</p> <p><b>OR</b></p> <p>Evidence of an appropriately credentialed individual supervising non-certified/non-endorsed staff.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (EXPLAIN)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (EXPLAIN)</p>	
<p>B. Evidence that non-certificated staff meet standards in 392-172A-02090 or standards within their respective state.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (EXPLAIN)</p>	
<p>C. Evidence of state patrol background checks and FBI fingerprint checks completed and cleared on <u>all</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> certificated staff</li> <li><input type="checkbox"/> non-certificated staff</li> <li><input type="checkbox"/> volunteers who have unsupervised contact with students.</li> </ul> <p><u>Out of State:</u> Must meet the same standard as Washington State.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Appendix B  
(Annual Review Form)

**ANNUAL REVIEW**

The Office of Superintendent of Public Instruction (OSPI) grants approval to nonpublic agencies from a one to three-year period. In the interim, approved NPAs are required to submit an annual review for each approved site. Completion and submission of this form (with a current *Special Education Personnel Record* (Page A-5) on an annual basis fulfills this requirement. **Failure to submit the annual review form to the district(s) and OSPI by May 1 may result in removal of the non-public agency applicant from the list of approved NPAs in good standing.**

Agency Name: \_\_\_\_\_ Date of Annual Review: \_\_\_\_\_

Site Name (if multiple sites): \_\_\_\_\_

**Program Changes**

List changes in the following areas since the OSPI approved your school/agency (add additional pages if necessary):

Facility: \_\_\_\_\_

Population served: \_\_\_\_\_

Staff (name, assignment (teacher or related personnel), certificate number): \_\_\_\_\_

Administration: \_\_\_\_\_

Policies and procedures: \_\_\_\_\_

Service delivery: \_\_\_\_\_

Number of Washington school district-contracted students currently enrolled: \_\_\_\_\_

Please list ALL Washington school districts you currently contract with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACH A CURRENT SPECIAL EDUCATION PERSONNEL RECORD (PAGE A-5) AND SUPPORTING DOCUMENTS**

**CERTIFICATION**

In providing this update I attest that I have reviewed all components of the initial application, provided information on all changes, and assure that this program will continue to be conducted in such a manner conforming to all requirements for nonpublic agencies, including the assurances provided with the initial application.

\_\_\_\_\_

AUTHORIZED SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

TITLE

\_\_\_\_\_

TELEPHONE NUMBER